## **BidBuy Training Agency**

## Purchase Order

Release Order Number

19-999TRAIN-TRAIN-P-2569:7

Master Contract? Y

Master Con/Ref #: 123456789

Contract/PO #:

20000000	Vendor Number: 00000011	and discount
	alaw inc	
YENDOF	123 Stratton Bldg Springfield, IL 62706 amy.adams@illinois.gov (123) 456-7890	AND THE PROPERTY OF THE PROPER

**VENDOR INSTRUCTIONS:** 

PURCHASE ORDER REQUIREMENTS - STATE OF ILLINOIS AGENCIES

Prior to commencement of billable work, delivery of supplies or rendering of any service on a Purchase Order exceeding \$20,000:

- --Initial Purchase Order/Contract All parties, including the State and vendor, must fully execute the contract in its entirety.
- --Release from an existing Purchase Order/Contract The vendor must receive a Purchase Order signed by the State Agency and attached in BidBuy.

PURCHASE ORDERS REQUIREMENTS - OTHER PURCHASING ENTITIES --Please see specific requirements provided by the purchasing entity.

S H P	Stratton Office Building 401 S. Spring Street Springfield, IL 62706 US Email: test@periscopeholdings.com (555) 555-5555
Т	
B-LL	Stratton Office Building 401 S. Spring Street Springfield, IL 62706 US Email: test@periscopeholdings.com (555) 555-5555
ТО	

S	hipping Method:		Freight Terms:
S	hipping Terms:		Payment Terms: N/A
S	olicitation (Bid) No.: N/A		Delivery Calendar Day(s) A.R.O.: 1
F	telease Begin Date: 08/14/2018	Release End Date: 08/31/2018	Delivery Calendar Day(s) A.N.O

Item # 1 Class-Item 005-00

Enhanced Direct Release Item

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
50.00	\$ 100.00	EA	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 5,000.00

TAX: \$ 0.00 FREIGHT: \$ 0.00

TOTAL: \$ 5,000.00

The undersigned agree to the Terms and Conditions as acknowledged by the Vendor and maintained in the State of Illinois' e-procurement system. This agreement consists of all terms as maintained in the state's e-procurement system inclusive of attached documents. The Vendor affirms that the Certifications and Financial Disclosures and Conflicts of Interest are true and accurate as of the date of the Vendor's execution of this Agreement. State documents will prevail in the event of a conflict between State and Vendor documents and information. The undersigned agree to the Terms and Conditions of this agreement:

OFFICIAL SIGNATURES:

Vendor Name:

Signature:
Printed Name:
Title:
Phone #:
Email:
Date:
State of Illinois Agency or Other Purchasing Entity Procuring State Agency or Entity:
Official Signature:
Printed Name:
Title:
Designee Signature:
Printed Name:
Title:
Date:
Legal Signature:
Printed Name:
Title:
Date:
Fiscal Signature:
Printed Name:
Title:
Date:
TESTTESTTESTTESTTESTTESTTEST TESTTESTTES

## **APPROVED**

By: Amy Adams

Phone#: (555) 555-5555

BUYER

FOR STATE OF ILLINOIS USE			
Obligation # (if applicable):			
Release off Statewide Master (	Contract? Y	esNo	
Master Contract Obligation # (ir			
Acq. Type:	Source Se	I. Method:	
Using Agency Funding Source:			
Detailed Expenditure Object Co	ode:		
Approp. Acct Code:			
Award Code:			
Original Proc. Method:			
Subcontractors Disclosed:			
Subcontractors Utilized:			
Publication Date:		Financing Needed:	
IPG Cert/Disclosure Yes	No		